

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022832

STATE FILE NUMBER

FILED JUN 24 1958

Registration District No.

275

Primary Registration District No.

5939

Registrar's No.

120

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Nebraska b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cold Springs		c. CITY OR TOWN Omaha	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 83 Near Yancy Mills		Length of stay in lb Trans	
3. NAME OF DECEASED (Type or print) CAREY D. FISHER		4. DATE OF DEATH June 15, 1958	
5. SEX Male	6. COLOR OR RACE Col. Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 25, 1915
9. AGE (In years last birthday) 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packing House Worker Armour & Co.,	
11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bailey Fisher		13b. MOTHER'S MAIDEN NAME Clara ?????	
14. NAME OF HUSBAND OR WIFE Elizabeth Fisher		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.V. No. 2	
16. SOCIAL SECURITY NO. 427-07-9410		17. INFORMANT Mrs. Eliz. Fisher Omaha, Nebr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Skull fr. Soft frontal. Fractured inferior maxillary - fr. Soft skull fr. Int. injuries. Automobile accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Automobile accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car skidded on highway, overturned	
20c. TIME OF INJURY Hour 6-630? Month, Day, Year 6-15-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 163 South	
20e. CITY, TOWN, OR LOCATION Rolla		20f. COUNTY Phelps	
20g. STATE Mo		21. I attended the deceased from Death occurred at Sound dead 6:45AM to 6:45AM and last saw her/him alive on 6-16-58	
22a. SIGNATURE S. J. Mull		22b. ADDRESS 508 W. 8th Rolla Mo	
22c. DATE SIGNED 6-16-58		23a. NAME OF CEMETERY OR CREMATORY Ocean Springs	
23b. LOCATION (City, town, or county) Ocean Springs, Miss.		23c. DATE RECD. BY LOCAL REG. June 20, 1958	
23d. REGISTRAR'S SIGNATURE Nadine L. Stoll		24. FUNERAL DIRECTOR Name Bull: Sons Funeral Home.. Rolla By Paul E. Bull	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

8961 9 2 NNC

Philips County Health Officer

County File Number 1067

Date Filed JUN 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul E. Hull

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.